

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

Connie Boykin

Plaintiff,

[Insert full name of plaintiff/prisoner]

FILED
IN CLERK'S OFFICE
US DISTRICT COURT E.D.N.Y.
★ JUL 27 2017 ★

BROOKLYN OFFICE

CV 17 - 4531
CIVIL RIGHTS COMPLAINT
42 U.S.C. § 1983

JURY DEMAND

YES X NO **CHEN, J.**

-against-

Det. Robert Vasta Ind/
Official Capacity ADA
Elizabeth L. Schulz Ind/
Official Capacity; Bruce
D. Townsend ESQ Ind/
Official Capacity
Defendant(s).

[Insert full name(s) of defendant(s). If you need additional space, please write "see attached" and insert a separate page with the full names of the additional defendants. The names listed above must be identical to those listed in Part I]

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- I. **Parties:** (In item A below, place your name in the first blank and provide your present address and telephone number. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff Connie Boykins

If you are incarcerated, provide the name of the facility and address:

Orleans Correctional Facility
3531 Gaines Basin Rd
Albion, New York

Prisoner ID Number: _____

If you are not incarcerated, provide your current address:

Telephone Number: (716) 504-2335

B. List all defendants. You must provide the full names of each defendant and the addresses at which each defendant may be served. The defendants listed here must match the defendants named in the caption on page 1.

Defendant No. 1

Det. Robert Vasta

Full Name

Detective

Job Title

Broadway ave
Newburgh N.Y.

Address

Defendant No. 2

Elizabeth L. Schulz

Andrew R. Kass

Full Name

District Attorney

Job Title

18 Seward Ave

Middletown N.Y. 10940

Address

Defendant No. 3

Bruce D. Townsend ESQ

Full Name

26 Albany Ave Attorney

Job Title

26 Albany Ave,

Walden, N.Y. 12586

Address

Defendant No. 4

Full Name

Job Title

Address

Defendant No. 5

Full Name

Job Title

Address

II. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 ½ by 11 sheets of paper as necessary.)

Where did the events giving rise to your claim(s) occur?

The Det. Robert Vasta came to the scene to harass the claimant for his girlfriend, he has harassed the claimant for years

When did the events happen? (include approximate time and date)

August 3, 2015 on Lander Street the claimant was trying to assist his drug addicted girlfriend

Facts: (what happened?) On August 3, 2015 the Claimant was at 47 Lander Street ~~Street~~ with his girlfriend Yasmen Brooks, who suffers from drug Addictions. The Claimant call the Police to report the behavior of his girlfriend who posses a knife, and threatened the Claimant. When the Police Arrived, they Arrested the Claimant for Possessing a knife that the record will support that he called, and seek the Assistance of the Police. The Claimant was falsely Arrested by Det. Vasta who likes the Claimant's girlfriend. That Detective falsely Arrested the Claimant several times in the Past because he likes the Claimant's girlfriend. The Claimant was falsely Arrested in violation of the 4th, 5th, 6th, and 14th Amendment of the Due Process clause Article 1 Section 6 of the New York Constitution. There was no True Bill filed, and all the defendant conspired to convict him. The Claimant has been illegally detained for years. defense Attorney allow them to violate my rights.

II.A. Injuries. If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

The Claimant ~~is~~ is 67 years old, and was on certain medication that the prison would not let him take. They force him to take there Medicine which cause him be sick. The Claimant now suffers high blood pressure, diabetic, kidney Problems, and the gout.

III. **Relief:** State what relief you are seeking if you prevail on your complaint.

To be Compensated for Constitutional Violations of the 4th, 5th, 6th, and 14th Amendment of the United States. The claimant was illegally detained and denied the Action of the Grand Jury, and a lawyer. The claimant seek One Million dollars in Monetary damages

I declare under penalty of perjury that on July 20, 2017, I delivered this
(date)
complaint to prison authorities at Orleans Corr. Fac. to be mailed to the United
(name of prison)
States District Court for the Eastern District of New York.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: July 20, 2017

L. Carmie Bayless
Signature of Plaintiff

Orlean Correctional Facility
Name of Prison Facility or Address if not incarcerated

3531 Charles Basin Rd

Allerton, New York 12822

Address

15A 3902

Prisoner ID#